

PART B - FEE(S) TRANSMITTAL

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27476 7590 05/25/2007

NOVARTIS VACCINES AND DIAGNOSTICS INC.
 CORPORATE INTELLECTUAL PROPERTY R338
 P.O. BOX 8097
 Emeryville, CA 94662-8097



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Sharleen Lane (Depositor's name)
 (Signature)
 August 17, 2007 (Date)

10/643,853	08/19/2003	David Y. Chien	PP16073.021	6313
01 FC:1501 1400.00 DA	02 FC:1504 300.00 DA	03 FC:16001 30.00 DA	04 FC:16001 30.00 DA	05 FC:16001 30.00 DA
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.

TITLE OF INVENTION: POLYNUCLEOTIDES ENCODING A MULTIPLE EPITOPE FUSION ANTIGEN^{2300-16073.10} FOR USE IN AN HCV ANTIGEN/ANTIBODY COMBINATION ASSAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	08/27/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LUCAS, ZACHARIAH	1648	536-023720

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Marcella Lillis
 2 Roberta L. Robins
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NOVARTIS VACCINES AND DIAGNOSTICS, INC.

EMERYVILLE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Marcella Lillis

Date August 17, 2007

Typed or printed name Marcella Lillis

Registration No. 36,583

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